

MAR 2016-19

Date Received 6/6/16

Pre-Application Date 5/20/16

Filing Fee \$ 500.00

### GENERAL INFORMATION: MAP AMENDMENT REQUEST (MAR) APPLICATION

#### 1. ADDRESS INFORMATION (Name, Address, City/State/Zip & PHONE NO.)

APPLICANT:	City View Investments, LLC, 275 S. Limestone, Unit 140, Lexington, KY 40508
OWNER:	SAA
ATTORNEY:	Nathan Billings, Billings Law Firm, PLLC, 111 Church St., Ste.200, Lexington, KY 40507

#### 2. ADDRESS OF APPLICANT'S PROPERTY (Please attach Legal Description)

275 S. Limestone, Units 10, 110, 120, 130, 140, and 150, Lexington, KY 40508
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#### 3. ZONING, USE & ACREAGE OF APPLICANT'S PROPERTY (Use attachment, if needed--same format.)

Existing		Requested		Acreage	
Zoning	Use	Zoning	Use	Net	Gross
MU2	Residential/Office & Retail	MU2	Residential/Office & Retail	MU2 - 0.94	MU2 - 0.94

#### 4. SURROUNDING PROPERTY, ZONING & USE

Property	Use	Zoning
North	Residential	R-2
East	Business/Professional	B-1/P-1
South	Business/Professional	B-1/P-1
West	Residential/Business	R-2/R-4/B-1

#### 5. EXISTING CONDITIONS

a. Are there any existing dwelling units on this property that will be removed if this application is approved?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
b. Have any such dwelling units been present on the subject property in the past 12 months?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
c. Are these units currently occupied by households earning under 40 % of the median income? If yes, how many units? If yes, please provide a written statement outlining any efforts to be undertaken to assist those residents in obtaining alternative housing.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO _____ Units

#### 6. URBAN SERVICES STATUS (Indicate whether existing, or how to be provided.)

Roads	<input checked="" type="checkbox"/> Existing	<input type="checkbox"/> To be constructed by	<input type="checkbox"/> Developer	<input type="checkbox"/> Other
Storm Sewers	<input checked="" type="checkbox"/> Existing	<input type="checkbox"/> To be constructed by	<input type="checkbox"/> Developer	<input type="checkbox"/> Other
Sanitary Sewers	<input checked="" type="checkbox"/> Existing	<input type="checkbox"/> To be constructed by	<input type="checkbox"/> Developer	<input type="checkbox"/> Other
Curb/Gutter/Sidewalks	<input checked="" type="checkbox"/> Existing	<input type="checkbox"/> To be constructed by	<input type="checkbox"/> Developer	<input type="checkbox"/> Other
Refuse Collection	<input checked="" type="checkbox"/> LFUCG	<input type="checkbox"/> Other		
Utilities	<input checked="" type="checkbox"/> Electric	<input checked="" type="checkbox"/> Gas	<input checked="" type="checkbox"/> Water	<input type="checkbox"/> Phone <input type="checkbox"/> Cable

#### 7. DESCRIBE YOUR JUSTIFICATION FOR REQUESTED CHANGE (Please provide attachment.)

This is in... <input checked="" type="checkbox"/> in agreement with the Comp. Plan <input checked="" type="checkbox"/> more appropriate than the existing zoning <input checked="" type="checkbox"/> due to unanticipated changes.
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#### 8. APPLICANT/OWNER SIGNS THIS CERTIFICATION

I do hereby certify that to the best of my knowledge and belief, all application materials are herewith submitted, and the information they contain is true and accurate. I further certify that I am  OWNER or  HOLDER of an agreement to purchase this property since \_\_\_\_\_

APPLICANT *Nathan Billings* DATE 6/2/16

OWNER \_\_\_\_\_ DATE \_\_\_\_\_

LFUCG EMPLOYEE/OFFICER, if applicable \_\_\_\_\_ DATE \_\_\_\_\_